(Print Name of lobbyist)

PLEASE PRINT

### STATE OF NEW HAMPSHIRE

# 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 25 2018

RE STATE

I. Name of Lobbyist(s) Joseph R. Murray			NEW HAMPSHIR DEPARTMENT OF S	
II. Name of lobbyist's partn	ership, firm or corporation, if	any:	DEFAILT	
FMR LLC				
	rtnership, firm or corporation)			
One Spartan Way	Merrimack	NH	03054	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(603 _791-5727	( )	e-mail joseph.m	urray@fmr.com	
(Telephone)	(Fa.	x)		
		orts for each client, OR you may	y file a separate report for	
reportable expense transact	ions which are not attributable	to any one chent).		
All reportable transaction	s occurring in the months prior to	the reporting date relative to the	following client:	
FMR LLC				
(Full )	Name of Client as it appears on the L	obbyist Registration Form)		
OR	. L., dha labbiide Cinalidina dha la	bbyist's family), or the lobbying	firm listed below which are	
unrelated to any particular cli		oboyist's family), or the loodying	IIIII listed below which are	
	_	<b></b>		
•	1 25, 2018	July 25, 2018 <b>4</b> activity from 4/1/18 to 6/30/18		
•	bber 31, 2018	January 30, 2019 🗆		
	from 7/1/18 to 9/30/18	activity from 10/1/18 to 12/31/1	18	
		le transactions made since th the Secretary of State's Office, St		
VL Check if additional repo	rts are attached:			
•	•	file Addendum A- Fees and Exp		
Expense Reimbursement		ou must file Addendum B- Rep		
If you, your firm, or your	family has made political contri	butions, you must file Addendun	n C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15, RSA 15- and complete to the best of m  Chignature of lobbyist)	B, RSA 14-C and RSA 664 and	hereby swear or affirm that the fo	regoing information is true	
Joseph R. Murray	I	·		

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE



# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)Joseph R. Murray	
II. Name of lobbyist's partnership, firm or corporation, if any:	
FMR LLC	
(Name of partnership, firm or corporation)	
III. Name of Client FMR LLC	Date
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>6,750.00</u> ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>10,125.00</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0.00</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business ss than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of a er than \$25, but not greater than \$50, expense reimbursement, or politica
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$
c) Total of all itemized expenditures reported in detail in section VI.	c) \$

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from to period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
Signature of lobbyist)	7/25/18 (Date)
(7	(500)
Voseph R. Murray (Print Name of lobbyist)	

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## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

(Name of partne	ership, firm or corporation)		, /
III. Name of ClientFMR	LLC		Date
Political Contributions For each political contributi client/lobbyist and lobbying		pursuant to RSA Chap	iter 664 paid on behalf of the
Full name of candidate:	Wolf	Terry	
	•		(Middle Name/Initial)
Amount of contribution \$1	150.00	Office Candidate is	s Secking State Senate
	(Last Name)	(First Name)	(Middle Name/Initial)
Full name of candidate:	(Last Name)	,	
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)  I contribution, provide ibution on the line abo	Office Candidate is	Seeking
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	(Last Name)  I contribution, provide ibution on the line about word "estimate."	Office Candidate is	

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist)  7/25/19 (Date)
Joseph R. Murray (Print Name of lobbyist)

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